

CITY OF LINCOLN
2006-2007 HEALTH, DENTAL, AND VISION MONTHLY RATES
EFFECTIVE NOVEMBER 1, 2006
EMPLOYEES REPRESENTED BY NAGE, & X

COVENTRY

	<u>SINGLE</u>	<u>2/4-PARTY</u>	<u>FAMILY</u>
Full Rate	\$436.00	\$967.94	\$1,281.84
City Share	<u>\$427.28</u>	<u>\$832.44</u>	<u>\$1,102.38</u>
Employee Share*	\$ 8.72	\$ 135.50	\$ 179.46

AMERITAS DENTAL

	<u>SINGLE</u>	<u>2/4-PARTY</u>	<u>FAMILY</u>
Full Rate	\$ 27.46	\$ 54.62	\$ 81.78
City Share	<u>\$ 13.73</u>	<u>\$ 27.31</u>	<u>\$ 40.89</u>
Employee Share*	\$ 13.73	\$ 27.31	\$ 40.89

EYEMED VISION CARE

	<u>SINGLE</u>	<u>2-PARTY</u>	<u>4-PARTY</u>	<u>FAMILY</u>
Employee Share	\$ 9.16	\$ 17.40	\$ 18.32	\$ 27.28

There are four enrollment options available for health, dental, and vision coverage.
They are:

Single. Provides coverage for employee only.

Two-Party. Provides coverage for employee and spouse. This option does not provide coverage for children.

Four-Party. Provides coverage for employee and any number of eligible dependent children. This option does not provide coverage for a spouse.

Family. Provides coverage for employee, spouse, and any number of eligible dependent children.

*Must complete 90 days of employment before employee is eligible for City contribution.